

FIELD CHANGE ORDER

Service

Issued by : DMC Hamburg

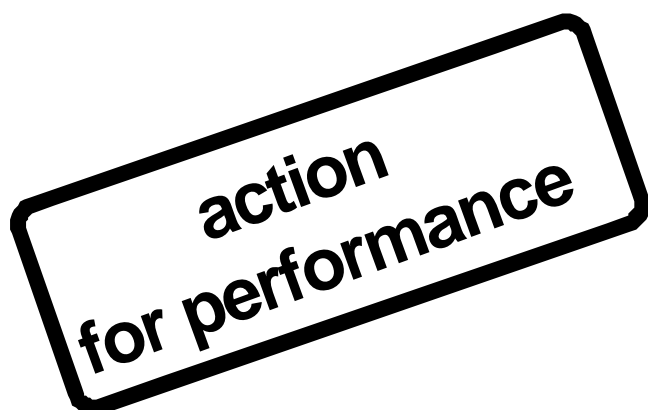
Released : G. Kramm

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Date : November 1999

Product Group : 742



OPTIMUS RAD 50

APPLIES TO:

Optimus RAD 50 generators in combination with tubes X-Star 08 / X-Star 74 in Bucky TS systems.

Optimus 50 RAD 9848 600 00111

Xstar Low Speed Rotor Control 9890 000 02281

Serial numbers of concerned generators see attached site(s) list

TITLE:

X-Star tube and Rotor Control replacement

LIST OF PAGES & DRAWINGS:

1...4 (99.0) ANR (99.0)

INTRODUCTION:

Symptom : Arcing problems

Cause : The Rotor Control unit does not provide a continuous rotation supply. It is possible That the tube rotation slows down very fast after end of preparation. This can lead to anode overheating and results in arcing problems.

Remedy : Exchange of the complete low speed rotor control unit and replacement of the tube with RO 17 50.

MANPOWER / TIME TO COMPLETE:

1 engineer 4 hours

TOOLS & TEST EQUIPMENT:

Standard tool set

MODIFICATION KIT / PARTS REQUIRED:

For all generators mentioned under APPLIES TO, the following parts can be ordered at SL Hamburg.

4512 104 91921 Replacement kit f. X-Star tube

comprising

9874 001 16022	RO 17 50 – ROT 350
4512 108 05905	PCB Roco LS
4512 113 20311	EPROM Basic interface EZ 150 D6
4512 100 46281	Label
4512 980 58171	This document

Note

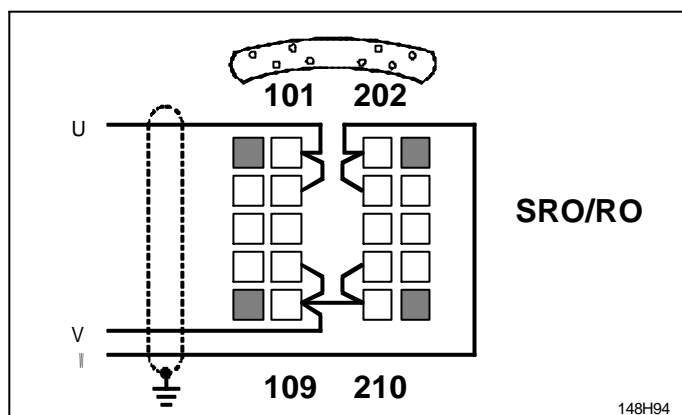
The modification kit will be available Free Of Charge till the end of June 2000 at the spare part centre in Hamburg.

PROCEDURE:

1. Replace the tube
 - Install the stator cable like an Stator connection

At the tube end:

- Place the jumpers across terminals 100 and 200 accordingly.
- Connect up stator cable.
 - Use wire 1 for phase U,
 - wire 2 for phase V,
 - wire 3 for phase W.
- Earth the screening of the stator cable at the tube housing with the metallic clamp.



2. Remove and discard the existing PCB low speed rotor control
3. Install the new PCB 4512 108 05905 connections inside the generator and stator lines like the previous one.
4. Change the label on the rotor control mounting plate from 4512 104 71341 to 4512 104 71302 use waterproof ink pen.

5. Exchange EPROM EZ 150 D6
6. Switch on the generator.
7. Connect the service PC and start XRGSCOPE.
8. Select >> Adjust >> CAN Auto Configuration >> < Ok > and reset the generator.
9. Select >> Program >> Tubes >> Tube 1, select RO17/50 RO350,
- wait until the file is loaded,
- then reset the generator.
10. Select >> Adjust >> Tube Adaptation and adapt the tube.
11. Note changes on the "STAMMKARTE"
9890 000 02281 to 9890 000 02202
4512 104 71341 to 4512 104 71302
cross out
Low Speed Rotor Control ~~X-Star~~
~~Reco LS FOR X-STAR~~
~~Software Reco LS for X-Star~~ 4512 114 25804
12. Close all covers
– Check all applicable functions.
13. Fillout page 3 of this FCO (Feedback information) and send as Fax or the requested information as Email to mentioned address.

PARTS DISPOSAL:

All parts are to be disposed of in a safe way in accordance with local Safety Regulations.
Exceptional the old X-ray tube,
to guarantee part disposal for the X-ray tube send it to:

Philips Medical Systems
Röntgenstrasse 24
22335 Hamburg

Attn. Return Dept. Building G

Note

No Return Authorization number is required because of the free of charge Modification kit PMS will not grant any credit for the old Tube.

DOCUMENTATION:

File this FCO in binder: OPTIMUS under Tab 8

Fax message



Philips Medical Systems
Development and Manufacturing Centre

To: **Günther Kramm** **Philips Medical Systems** **Fax:** +49 40 50 78 1611

Service Innovation generators

Email: Guenther.Kramm@philips.com

From:

Tel.:

Fax:

No. of pages:
(incl. cover sheet)

1

please copy
locally

Ref. :

Date:

Subject: X-Star tube and Rotor Control replacement
FCO 00 135 012

HOSPITAL / ADDRESS :

LOCATION / FW SITE NO.:

SALES ORDER NO. / OA NO.:

Generator PEI :

9	8	4	8	6	0	0	0	0	1	1	1
---	---	---	---	---	---	---	---	---	---	---	---

Generator Serial Number :

Rotor Control LS PCB Barcode # : (*new PCB*)

Tube / Housing Serial number (*new tube*)

JOB NO. / SERVICE INCIDENT NO.:

☐

Completed per instruction on

DATE

BRANCH
REGION /
DEALER :

SERVICE UNIT /
SERVICE AREA NO.:

SIGNATURE CUSTOMER SUPPORT ENGINEER

DATE

FCO ACTION NOTIFICATION REPORT

For local SSD use only; do not return to PMG.

TITLE : <i>X-Star tube and Rotor Control replacement</i>	
CLASSIFICATION : <i>Action for Performance</i>	FCO REF. NO.: <i>00 135 012</i>
APPLIES TO : <i>Optimus RAD 50 generators in combination with tubes X-Star 08 / X-Star 74 in Bucky TS systems.</i>	

HOSPITAL / ADDRESS :													
LOCATION / FW SITE NO.:	SALES ORDER NO. / OA NO.:												
PRODUCT NUMBER :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
UNIT SERIAL NUMBER :	<table border="1" style="display: inline-table; border-collapse: collapse; width: 400px; height: 20px;"></table>												

ACTION ON THIS UNIT WAS: (select one)	JOB NO. / SERVICE INCIDENT NO.:
<input type="checkbox"/> Completed per instruction on _____ DATE _____	<table border="1" style="width: 100%; height: 20px;"></table>
<input type="checkbox"/> Completed by the factory prior to delivery.	
<input type="checkbox"/> Not completed as this unit is not affected per instruction because: (state reason) _____	
<input type="checkbox"/> Not completed because customer has unit in storage. Required parts & instructions received by the customer.	

CUSTOMER ACKNOWLEDGEMENT (Required for MANDATORY ACTIONS only). The REASON and PURPOSE of this modification have been explained to me.	
_____ CUSTOMER NAME (PLEASE PRINT)	_____ TITLE
_____ CUSTOMER SIGNATURE	_____ DATE

BRANCH REGION / DEALER : _____	SERVICE UNIT / SERVICE AREA NO.: _____
_____ SIGNATURE CUSTOMER SUPPORT ENGINEER	_____ DATE
_____ SIGNATURE CUSTOMER SUPPORT MANAGER	MAIL TO : SSD Customer Support Manager